

15a. SUBJECT INVOLVEMENT <input type="checkbox"/> Accessory <input type="checkbox"/> Conspiracy <input type="checkbox"/> Principle <input type="checkbox"/> Solicit		15b. APPREHENSION TYPE <input type="checkbox"/> Military <input type="checkbox"/> Surrender <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Other <i>(Specify)</i>		15c. APPREHENSION DATE (YYYYMMDD)		15d. APPREHENDING PMO <i>(UIC/MPC)</i>	
15g. DISPOSITION OF PERSON UNDER 18 YEARS <input type="checkbox"/> H Handled Internally <input type="checkbox"/> R Referred to Other Authorities <i>(Specify)</i>		15h. FBI FORM 249 SUBMITTED <input type="checkbox"/> YES <input type="checkbox"/> NO		15e. DETENTION TYPE <input type="checkbox"/> N Non-Uniformed Svc. <input type="checkbox"/> U Uniformed Svc.		15f. HOW DRESSED AT TIME OF APPREHENSION	
16c. ILLNESS/INJURY		16d. ALCOHOL/DRUG INVOLVEMENT REMARKS					
17a. CHEMICAL TEST TYPE <input type="checkbox"/> Blood Test <input type="checkbox"/> Breathalyzer <input type="checkbox"/> Saliva Test <input type="checkbox"/> Urine Test <input type="checkbox"/> Other <i>(Specify)</i>		17b. DRUG TYPE <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> A "Crack" Cocaine <input type="checkbox"/> B Cocaine <input type="checkbox"/> C Hashish <input type="checkbox"/> D Heroin <input type="checkbox"/> E Marijuana <input type="checkbox"/> F Morphine </div> <div style="width: 30%;"> <input type="checkbox"/> G Opium <input type="checkbox"/> H Other Narcotics <input type="checkbox"/> I LSD <input type="checkbox"/> J PCP <input type="checkbox"/> K Other Hallucinogens <input type="checkbox"/> L Amphetamines/Methamphetamines </div> <div style="width: 30%;"> <input type="checkbox"/> M Other stimulants <input type="checkbox"/> N Barbiturates <input type="checkbox"/> O Other Depressants <input type="checkbox"/> P Other Drugs <input type="checkbox"/> Q Steroids <input type="checkbox"/> U Unknown Type Drug </div> </div>					
17c. DRUG TEST AND MEASUREMENT <i>(i.e., parts per million, cubic centimeters, etc.)</i>						17d. DRUG DETECTION BY OTHER LAW ENFORCEMENT MEANS <input type="checkbox"/> YES <input type="checkbox"/> NO	

SECTION IV - VICTIM *(For additional victims, complete DA Form 3975-3)*

1a. VICTIM NO.		1b. NAME <i>(Last, First, Middle Name, Jr., Sr., III)</i>		1c. SSN/FNN/ALIEN REG NUMBER		1d. PROTECTED IDENTITY	
1e. CATEGORY <input type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> F Air Force <input type="checkbox"/> H Public Health <input type="checkbox"/> M Marine <input type="checkbox"/> N Navy <input type="checkbox"/> O NOAA <input type="checkbox"/> P Family Member <input type="checkbox"/> Q Civil Service <input type="checkbox"/> R Civilian <input type="checkbox"/> S Contractor <input type="checkbox"/> T Other Gov. Empl. <input type="checkbox"/> U Foreign Nat'l Empl. <input type="checkbox"/> V Other Foreign Nat'l <input type="checkbox"/> W Retired Military		1f. DOB (YYYYMMDD)		1g. POB <i>(City, State, Country)</i>		1h. GRADE	
1i. HOME PHONE		1j. WORK PHONE		1k. NICKNAMES/ALIAS			
1l. CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> Resident Alien <input type="checkbox"/> Country <i>(Specify)</i>		1m. COMPONENT <input type="checkbox"/> G National Guard <input type="checkbox"/> R Regular <input type="checkbox"/> V Reserves		1n. DRIVER'S LICENSE NUMBER			
2a. ORGANIZATION, UIC, AND STREET ADDRESS		2b. INSTALLATION/CITY		2d. ZIP/APO			
2c. STATE/COUNTRY		2e. UNIT PHONE		1o. IS LICENSE <input type="checkbox"/> FR Foreign <i>State (Specify)</i> <input type="checkbox"/> IT International			
3a. RESIDENCE STREET ADDRESS		3b. INSTALLATION/CITY		3d. ZIP/APO			
3c. STATE/COUNTRY							

4a. TYPE OF VICTIM <input type="checkbox"/> B Business <input type="checkbox"/> F Financial <input type="checkbox"/> G Government <input type="checkbox"/> I Individual <input type="checkbox"/> R Religious Org <input type="checkbox"/> S Society/Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown		4b. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		4c. AGE <input type="checkbox"/> Under 24 Hours <input type="checkbox"/> 1-6 Days Old <input type="checkbox"/> 7-364 Days Old <input type="checkbox"/> _____ Years Old AGE RANGE <i>(Specify)</i>		4d. RACE <input type="checkbox"/> A Asian/Pacific Islander <input type="checkbox"/> B Black <input type="checkbox"/> I American Indian/Alaskan Native <input type="checkbox"/> W White <input type="checkbox"/> U Unknown		4e. ETHNICITY <input type="checkbox"/> H Hispanic <input type="checkbox"/> N Not of Hispanic Origin <input type="checkbox"/> U Unknown	
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5. BIAS MOTIVATION <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(Check applicable bias)</i>		<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> AA Anti-Atheist/Agnostic <input type="checkbox"/> AB Anti-Alaskan Native <input type="checkbox"/> AC Anti-American Indian <input type="checkbox"/> AD Anti-Arab <input type="checkbox"/> AE Anti-Asian <input type="checkbox"/> AG Anti-Bisexual <input type="checkbox"/> AH Anti-Black <input type="checkbox"/> AI Anti-Catholic </div> <div style="width: 30%;"> <input type="checkbox"/> AK Anti-Female Homosexual <input type="checkbox"/> AL Anti-Heterosexual <input type="checkbox"/> AM Anti-Hispanic <input type="checkbox"/> AN Anti-Islamic <i>(Moslem)</i> <input type="checkbox"/> AO Anti-Jewish <input type="checkbox"/> AQ Anti-Male Homosexual <input type="checkbox"/> AR Anti-Multi-Racial Group <input type="checkbox"/> AS Anti-Multi-Religious Group <input type="checkbox"/> AT Anti-Pacific-Islander </div> <div style="width: 30%;"> <input type="checkbox"/> AU Anti-Protestant <input type="checkbox"/> AV Anti-White <input type="checkbox"/> AW Anti-Homosexual Bias <input type="checkbox"/> AY Anti-Other Religions <input type="checkbox"/> AZ Anti-Other Ethnicity <input type="checkbox"/> BA Anti-Mental Disability <input type="checkbox"/> BB Anti-Physical Disability <input type="checkbox"/> BC Sexual Harassment <input type="checkbox"/> AX Unknown Bias </div> </div>					
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